

**Standards Implementation Workgroup
Draft Transcript
March 22, 2010**

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you. Good morning, everybody, and welcome to the Implementation Workgroup. This is a federal advisory committee, so there will be opportunity at the end of the call for the public to make comments. Let me do a quick roll call. Aneesh Chopra?

Aneesh Chopra – White House – CTO

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Lisa Carnahan?

Lisa Carnahan – National Institute of Standards Technology – Chair

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Anne Castro?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Claudia Williams for Carol Diamond?

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

John Derr?

John Derr – Golden Living LLC – Chief Technology Strategic Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Jamie Ferguson?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Linda Fischetti?

Linda Fischetti – VHA – Chief Health Informatics Officer

Present, Judy.

Judy Sparrow – Office of the National Coordinator – Executive Director

David Kates?

David Kates – Prematics, Inc. – Vice President Product Management

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Liz Johnson?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Judy Murphy?

Judy Murphy – Aurora Healthcare – Vice President of Applications

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Nancy Orvis? Wes Rishel?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Cris Ross is on holiday. Dave McCallie?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Did I leave anybody off? I'll turn it over to Aneesh.

Aneesh Chopra – White House – CTO

Thanks....

Judy Sparrow – Office of the National Coordinator – Executive Director

You're breaking up, Aneesh.

Aneesh Chopra – White House – CTO

Forgive me, everybody. Really what I wanted to do today was to digest what we learned during the course of the hearing. Many of us were taking copious notes, and Liz did a terrific stab at summarizing the key lessons learned. Frankly, I was hoping that we would use this call as the basis of achieving some consensus, digestion of what we heard. Then we could discuss the implications of it. It probably makes the most sense to have Liz walk through her summary documents, and then we could each have a conversation about her conclusions. Liz, are you still with us?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I'm still here, Aneesh. I think Judy is sending out those documents as we speak. Let me pull them up.

Aneesh Chopra – White House – CTO

While you're doing that, maybe I could just share some top-line observations. I found the hearing to be very productive, and basically we had – I would view this in sort of three parts. The first part was a set of individuals who are willing to contribute to the cause, for lack of a better term. We could inventory the various tools that they were all making available to support the implementation of the standards in place for 2011.

We also heard a great deal of concern and anxiety, I should say, amongst the provider panel about what would be required to achieve all of this in a timely fashion. Then, third, we certainly heard some new opportunities that are just getting started to be the basis for support that, depending on our committee's actions, could influence the work we do going into 2013 and the work we're doing in a variety of domains, whether they be on vocabulary with Jamie and others.

Just in general terms, I'd seen a great deal of information and useful content for us to chew on. I guess, with that, Liz, you had more specifics that you were able to digest, and I'd be curious if you could – if that document is now shared.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

It is shared. I'm, of course, waiting on my computer to pull it up. I apologize.

Aneesh Chopra – White House – CTO

No problem.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

It has decided to do something besides that right now.

Aneesh Chopra – White House – CTO

While we're waiting on you to get started, perhaps we could go around the horn and get some top-line observations from others on the call, and then we can kind of go specifically around the summary document you shared.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That'd be great.

Aneesh Chopra – White House – CTO

It's always a pleasure to get started with Wes. Wes, you're on the phone. You have a good way of synthesizing the key points. I'm curious if you might kindly share some top-line observations.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I don't think I was at this meeting.

Aneesh Chopra – White House – CTO

You were on the phone.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I'm sorry. I just don't have prepared observations at this point.

Aneesh Chopra – White House – CTO

Don't worry about it. Great. Let's turn it over to anyone else who wishes to share. Judy Murphy, are you with us?

Judy Murphy – Aurora Healthcare – Vice President of Applications

I am. One of the things that I got out of it was, there are a lot of governmental resources that are available in the different federal agencies, and we commented, I think, several times on the need to make those available to everyone in a harmonized way, and a listing, for example. I remember we got off on this, I think, when Doug was talking, and we started talking about, oh, there's some HIE implementation guides, and then the state designated HIEs have an implementation toolkit. Then we were talking about several different federal agencies that actually had some resources available to people, but they're not harmonized in a way that we can go to one place and say here are the 92 things that are available. Click here for this. Click here for that. And so I had made a note that that was one thing we might want to consider doing as the implementation committee.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That's a great – yes. Judy, one of the things we had talked about, and Judy Sparrow, you were working on it, was creating a space where all these documents could be shared to the public in a single place, exactly what Judy is saying. Have we had a chance to work on that?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes. Actually, Cris Ross is on holiday, but I did talk to him. He's out of the country on Friday, and we redesigning the blog page basically to make a new resources section where people can have reference to key documents, such as the ones that the implementation starter kits have started to develop.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Great.

Judy Murphy – Aurora Healthcare – Vice President of Applications

So I think the to-do here is there are two different things. One is the things that we might have surfaced that people were willing to share, some of our testifiers. But the other side is the federal agencies that already have stuff out there, and making sure that we link to those. I don't think we'd want to necessarily copy all those documents, but create links to them.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That's a good point. We have an actual slide that's continued to be compiled of all the references or what now would be called links that were identified during the hearing, as well as others that I think will be continued to be identified in the future. That's a great point.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

This is Claudia from Markle. I'm sure folks on the phone are aware, but for a long time, AHRQ has maintained a resource center for health IT, so you'll just want to be sure to coordinate or link to that resource as well.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Right.

Aneesh Chopra – White House – CTO

I think the specific challenge was that we had identified a handful of the meaningful use provisions from 2011 that we clearly had some, there's some variability in the degree to which folks are prepared to support them. We spoke a great deal about proving a patient a copy of their record within 48 hours, and

it surfaced a great deal of input about the fact that nobody was preparing in import function, which I thought was particularly interesting given that we've been focusing on the download function.

But it's not necessarily the broad support, although I think that's an important thing to have on there. It was the ability to link almost to the meaningful use measure what the resources are that might be available in that particular domain. We will think of how we design this deliverable, but I think one of them is to make it easy to support those, to feel as if certain components that are in 2011 might be more or less difficult to implement. We could see how those resources can be made available.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That's a good point.

Judy Murphy – Aurora Healthcare – Vice President of Applications

This is Judy again. I would absolutely agree. I think organizing them right through, based on the meaningful use criteria, and then even if we were linking to a big document that we describe the specific page that the summary information, for example, would be on rather than just generically linking to the document.

Aneesh Chopra – White House – CTO

Correct.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So you have the 22, 23 items ... that's a terrific idea.

Linda Fischetti – VHA – Chief Health Informatics Officer

This is Linda Fischetti from VA. Correct me if I'm wrong, but, Aneesh, I think what you're also verbalizing or implying, or at least you put the idea into my head is that in fact we were pretty impressed with how people are looking at just sort of the letter of the law at this moment in time, and not seeing that longitudinal affect of while once we're able to do this, once this information is moving, then we'll really be able to fill in the blank. Aneesh was saying, pull that information into their system versus just doing the output to get the checkbox.

And so, it appears, one of the things I was most impressed about is, yes, the timelines are short, but an unintended negative consequence of those very short timelines are that people are only thinking about the letter of the law. There is not a lot of extra cycles to be doing that longitudinal projection of what this will really enable them to be able to do in the future because, you know, 2013 is going to be here in five minutes, and we will be successful. Then, oh wow, just think of where we're going to be able to go after that. And so, if we could capture that as well, we're setting up a framework, which will then enable future, and there's not a lot of time being spent on what that future is going to be like.

Aneesh Chopra – White House – CTO

Fantastic. Go ahead. Was that Wes?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes. I wanted to get on the list and add a couple comments on the discussion here.

Aneesh Chopra – White House – CTO

Go for it.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Well, I think, looking backwards, it's been my experience that the strategic value of interoperability is only perceived by most users after they have achieved the interoperability. In other words, their ability to say, gee, if we could solve this interoperability problem, then we could reach the strategic value. That's too many unknowns for the typical user.

Aneesh Chopra – White House – CTO

Correct.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

And that if we give them, you know, that we have given them, that Congress has given them specific deadlines that are very close, and they will then focus on those to the exclusion of strategic value just in order to meet the deadlines. And our opportunity to say, here's the strategic value, comes when they have data passing. And now you can say, look. You're doing this. Look at this nice, strategic thing you can do. All of a sudden, one of the big unknowns has been removed, which is getting the interoperability working.

Going backward from there to Judy's comment, I really applaud her view that we need to do more than create an uncoordinated list of resources. We need to provide some of what I might call a librarian function or an analysis function on how they fit together. I would suggest that that is a fairly time intensive activity that requires some support to compile and cross-index information. If we can find the people to do that, then that will be a tremendous resource to folks out there.

Aneesh Chopra – White House – CTO

I think part of this call, Wes, is to figure out. We can't solve all problems at all times, but if we could surface the areas from the hearing that felt like they could use the most support, so we'd have whatever limited resources we have on the problem or focused on the things that'll have the biggest impact, as we gather the input from the ground, that is essentially the analytical exercise I'm hoping this call could help surface in terms of what people perceive as the top two or three things we should be doing coming out of this. One of them is some version of this, bringing greater transparency to what federal resources and some of the voluntarily committed private resources are so that folks can achieve the goals by 2011 is sort of one category. But the other category is feedback that would be useful, as you think about 2013. I think maybe Judy Murphy was the one who brought up the fact that that longer vision is clearly an area of improvement, given kind of the nature of the conversation that we had on some of the provisions.

For this group today, if we could sort of reach to some degree of consensus to the highest priority takeaways that we want to share back with the overall standards committee, so that our work is focused on the things that are going to have the greatest impact, that's what I'm hopeful for this conversation to achieve. Anne Castro, you had a lot of thoughts on this subject live in the room. I'm curious if you'd given it some thought afterwards to think about what the key takeaways should be for the committee as a whole.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Well, there was, when the NHIN update happened, I think there was a lot of discussion that we had about is there any kind of a toolkit takeaway to clarify when to use the NHIN versus when to use an HIE. I thought that it's still a question in my mind, and if there was any bigger picture information to put out there, it would help clarify for some of the entities that are looking to interoperability, and when do they look to the NHIN versus when do they look to the HIE. I was thinking NHIN for Dummies, something like that. I think it's still confusing to me.

Linda Fischetti – VHA – Chief Health Informatics Officer

This is Linda Fischetti. If I could just modify that slightly, I think the issue is really when you consume services from somebody else versus when you take on the services and do it on your own. And so, certainly there could probably be a future where people would or different providers would consume a different set of services from a service provider, which I think, in our vernacular, is the health information exchange. I don't think that we should have a health information exchange have a one size fits all service provision to everybody in that community, but rather be able to flex that based on the need of the customer.

Aneesh Chopra – White House – CTO

I think that the hearing brought up the fact that in fact to achieve meaningful use, one could envision needing various levels of services. I think that was the takeaway that I observed, that there were certain provisions of meaningful use whereby you might want to consumer a certain set of services, and others that might require a different set of services.

Jamie Ferguson, you've been thinking a lot about the notion of how do we think about HIE capabilities in the context of the meaningful use criteria. You even had – we each had an earlier discussion of multiple pathways. I don't know if you want to take some of those considerations into the call here.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Well, one of the things that I heard, I think, pretty clearly in the hearing was the need for guidelines, for HIE guidelines and specifications on how to do things. And I also heard the need for information to be trusted, for the source to be understood so that that sort of traceability, understanding the provenance of the data, the integrity of documents and things like that, I think, was an important thing. And one of the things that we talked about earlier, one of the things that came to mind for me is that there are in fact multiple ways of potentially accomplishing this, one of which I know is near and dear to Wes' heart is claim attachments as a potential mechanism for exchanging standardized content that maybe that's something that would actually be easy to implement in this timeframe that we haven't fully explored in this context.

Aneesh Chopra – White House – CTO

Wes, any reaction to that?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Hoo-rah. I think that there's a lot of reason to believe that claims attachments provide an immediate realizable value in terms of reducing actual costs of administrative overhead for healthcare. But at this point, I actually think that people are going to be so focused on 5010 and the meaningful use requirements, particularly since 5010 is probably a requirement in order to get to the meaningful use requirement for eligibility that adding any kind of another program at this point would be a distraction. Boy it pains me to say that.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Wes, what I was talking about was the potential for using the X12 transaction mechanism 275 wrapper in the 5010, which basically the clearinghouses are capable of now, and using that as one of the mechanisms for facilitating the exchange of CCDs and to help with meaningful use.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

So you're thinking of, in general, creating a pathway for the meaningful use requirement for care transitions? I'm just trying to think, what is the 2011 meaningful use requirement that we would be focusing on here?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes. I think it would be care transitions, but I also think that this would be a way to enable exchange potentially also for 2013. I'm just suggesting that this is another alternative in addition to what we've discussed in terms of NHIN Direct, as well as NHIN, and potentially other mechanisms.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I think, if we can come up with a – I mean, clearly one of the issues that was expressed at the meeting, and even more so since the meeting, is the lack of clarity on the relationship between NHIN Direct, the NHIN, and the role of HIEs, as articulated in the RFAs for state designated entities. To the extent that we can create a sense of clarity around that, that included the use of alternate channels for communication, create a business opportunity for the clearinghouses to pursue that, and not have this tremendous concern on the part of providers. Well, I'm afraid if I go along with that, I won't qualify for meaningful use. I think that could be very helpful.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I'm thinking of this as additives, but I also think that today, it's especially germane since the bill that passed last night includes a requirement for CMS to publish a final rule for claim attachments within 12 months.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I didn't know that.

Aneesh Chopra – White House – CTO

The power of implementation hearing calls or meetings is to surface these kinds of opportunities. I think the message here, team, is that one theme is what are we doing to help people achieve the standards or recommendations we've made for 2011, and what this conversation we've just had points to is that there's a sense of confusion around how various transport mechanisms can be used to enable the achievement of meaningful use. And so, to the extent that this is beyond what our recommendation set has been, this concept of what we're describing, Jamie and Wes are going back and forth on, is basically what resources are we making available to support providers seeking to achieve meaningful use.

This is an example of one of those question marks, which is, what is the right exchange vehicle or not that there's a single way of doing it, but what are the various options and resources that are available to support folks that are looking to achieve the recommendations we have put forward. To the extent that one category is to simply take all of the things that the federal agencies volunteered during our hearing to make available, that we do so in a way that is very easy to find, and so you heard Cris Ross ... Judy Sparrow to kind of make a better job of presenting that information. And now the second area is a little bit more of a potential for analysis and synthesis, Wes, which is where we might ask the question, what feedback do we provide the full committee to answer the questions that we've heard from the providers to get some sense of how they should be moving forward to achieve what we've already recommended in 2011.

Let me put it back to this group. Anne Castro initiated the conversation by saying, "I'm still confused." Are there others on this committee who have a specific recommendation that we should take back to the full committee on how we address Anne's question of confusion and, I guess, more broadly, wrapping up what support we might offer to the folks on the ground dealing with 2011. Any recommendations that anyone would like to bring forward, given our report back to the full committee?

Lisa Carnahan – National Institute of Standards Technology – Chair

Aneesh, this is Lisa Carnahan.

Aneesh Chopra – White House – CTO

Yes, Lisa.

Lisa Carnahan – National Institute of Standards Technology – Chair

I have a recommendation, and maybe I'm actually begging because we're actually trying to write the test method for the criteria that exist. I love the notion that Linda put forward of providing information about going forward and clarity around the NHIN Direct versus NHIN and HIE, and I will make a plea then to distinguish, make sure it is clear that which is forward-looking and that which is about getting 2011 meaningful use in terms of the criteria and meeting the specific requirements because there's a whole lot of confusion about what 2011 in terms of the criteria and the use really, really means. I like this idea of hitting both, but I would love to see a distinction between that which must be done for 2011 in the regulatory and certification processes and that which is really good for us to figure out what 2013 really should be, 2015, and how healthcare providers can really use that technology to move forward.

Aneesh Chopra – White House – CTO

A question for the group: We've heard in testimony that there are certain services that could be made available to help people achieve what we've already recommended in 2011. The question Lisa is asking is, so she's busy writing scripts. Is there anything we should be engaging on with the full committee on the subject of 2011. Let's put that one to bed first, and then we can look at the implications for 2013. Did anybody else on the call have any specific ideas coming out of the hearing that they felt would be helpful to folks dealing with 2011?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Aneesh, this is David McCallie. I was only able to listen to part of the hearing, so I may be a little bit out of synch, but it struck me that for many, if not all of the actual point requirements for meaningful use, there will be questions where people say, is this good enough, or is this what you meant, or would this qualify? And it's the kind of thing that would get translated to a frequently asked questions list in other spaces. And I wonder if there's some mechanism whereby a central, somewhat authoritative, perhaps very authoritative frequently asked questions list could be maintained on each of the meaningful use points, you know, kind of item-by-item, perhaps with ONC resources weighing in if there are questions that seem unresolved. I don't know. It's just a thought that occurs to me.

We have kind of something like that internally amongst our clients who say, you know, what does this mean, and do you think this would qualify? And we all take shots at trying to answer that, but I wonder if something more like the blog and maybe with a little bit more official impact would make sense?

Aneesh Chopra – White House – CTO

That's the kind of recommendation set that would be great for this group to sort of think about if there's consensus. I mean, what we heard a great deal of was, we heard one idea in the room, which was convening a vendor forum to exchange ideas on how we could collaborate more in support of 2011 meaningful use. At least that was what I heard. I might paraphrase the gentleman who suggested that.

We also have the notion that, in a sense, we could take the call for resources that we made to the specific individuals who came to testify. We could broadcast that call more widely, and invite others to share what resources they've made available to support the achievement of 2011. There's everywhere in between of a simple call to post in a structured way to a more formal, definitive statement of work, which would require the analysis and the publication.

Somewhere north of have a Web site where people could self-post their own ideas and have those ideas rated and reviewed by their peers so that there's some sense of what's a higher quality or a lower quality kind of grassroots tool, all the way up the more formal, David declaring, here's the official statements on FAQs, and here are the official statements on FAQs, and here are the official mappings to resources. Somewhere south of that and north of the first is probably helpful. The question is, what would be the right mix, and do folks think that that's a recommendation we should take to the full group?

There are others on the call. I don't recall if others might want to share their views. I forgotten who was on the roll call, but it was a heck of a lot more than just a few of us, so anyone else want to chime in here?

Lisa Carnahan – National Institute of Standards Technology – Chair

Aneesh, this is Lisa Carnahan again. I know I already spoke, but I would so overwhelmingly second the notion of having, even if it's an informal, here's what we think the criteria means, because I'm collecting so many questions on people reading the test method, and most of the questions aren't about the test method. They're about the criteria, and would this work or that work, or suggestions about, you know, we really need to extend the vocabulary this way or that way. A home needs to be placed for some of these, and I've thought about NIST being the home, but we're really not the home because you need a little more of an authoritative answer.

Aneesh Chopra – White House – CTO

Those are two takeaways for this 2011 question. One is better catalogs of resources that are going to be made available and, two, clarifying the criterion for what works and what doesn't, and we could make judgments about how we go about recommending that, but are those the two takeaways on the 2011 piece that are worth sharing to the broader group? Are there other big themes to capture that we could move to 2013?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

This is Anne. I did have another note about the discussion many times going to be asking us to be more specific on our interoperability standards. And that was regarding 2011.

Aneesh Chopra – White House – CTO

Yes. I mean, you actually said it probably better in the hearing than anyone else, which was, we've constantly tried to strike the balance between innovation and flexibility and specificity, and so part of the hearing was to gather than feedback. And so do you have a recommendation or thought around that subject that's worth sharing?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

I think we made a recommendation in our comments or our committee response to the NPRM and the rule. We were recommending that the standard, the minimum or whatever it is be maintained outside of the law or the rule. Did I imagine that, or was that not in our response?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

No, that's exactly right.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

So that that could be us reiterating again back to the full committee that that's a very important response based on the implementation workgroup hearing that I think we could get more specific when we need to if we weren't worried about having it engrained in a rule. I don't know. What does everybody think? But that just keeps coming up.

W

Anne, when you say that, one of the findings that I tried to capture for us was obviously what you just said, which was, create a clear, interoperability standard. I think the comment that you're asking for is that we don't want it formalized to the point that we have no room to be innovative. We have no room to respond. Is that what you're saying?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Yes, and if you don't have the actual minimum engrained in the rule, and it's put somewhere else, like I don't know who we recommended to do it. Then do we have the ability to put more future thinking things in there, things that aren't stuck in a rule?

W

You want to do the implementation guide or standards by reference so that you can update the standard or the implementation guide in a timely, lively manner, and not be pinned down by the language in the rule.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

And be able to say, here's the direction the future is going maybe because people are really wanting, after we finish with 2011, what's going to happen in 2013 because my cycle of change for that is already in process.

W

Right.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

So I think when I went back and reviewed all the comments, I felt like we were trying to address that.

W

Lisa, would you say ... you said the minimum was not engrained in law because the implementation guide references what?

Linda Fischetti – VHA – Chief Health Informatics Officer

No. Right now, the IFR is all we have.

W

Right.

Linda Fischetti – VHA – Chief Health Informatics Officer

Right. And so one model, which again I don't know HHS regulatory processes, but there are models where the family of standards or the high level standard is referenced, is stated, and then by reference, you point to another place where the liveliness of the standards versions, the updates, and the implementation guides could in fact be in that other place, and those could have a liveliness to them.

W

In other words, they're a dynamic piece where this is fixed.

Linda Fischetti – VHA – Chief Health Informatics Officer

Right, and it's the home for the dynamic piece, which is actually the one written into the static material, just the home. And then you have a process that allows you to update and a consensus based process or whatever. In NIST's world, it's consensus based, but a process to update the lively dynamic stuff.

W

Okay.

W

That's actually what – it construed my reading of the comments to be.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Did we have examples in the regulatory world where that's been used already, not necessarily in healthcare?

Linda Fischetti – VHA – Chief Health Informatics Officer

Yes. We do on our side, but again, I can't speak to HHS. Their processes are just so different than ours, than NIST.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

I see.

W

Maybe we put forward what the desire is and turn to HHS/ONC to tell us how could we work that within their regulatory framework.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Exactly. I think I would provide some mechanism to provide more guidance.

W

Got it.

Aneesh Chopra – White House – CTO

Actually, Liz, it sounds like your document is up and running on your machine. In the interest of time, would you mind running through some of the other key themes, so that we can get the group's perception on if that's the right summary, and if so, making sure that we've got the right mechanism to communicate back...?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Sure, Aneesh. I think what is happening is some of the stuff or more of the explanation or comments are where we need to make some changes. The ten things that we sort of landed on were utilize emerging HIE guidelines to assist providers in HIE. I think this goes to the question on is it NHIN, is it HIE, is it, you know, those various sort of renditions of that. The second one was to disseminate the knowledge and increase the availability of tools and utilities, and we've talked about that quite a bit. To recognize and communicate new funding sources because, beyond the tools, people are also looking for funding, if it's possible beyond just the incentive dollars. For example, the 90/10 category out of CMS.

Certainly something we heard that is more of a theme than it is necessarily that it would come out of the standards group, but that the focus is really on workflows, not on implementation of technology. The statement that kind of captured our imagination was this workflow eats technology concept. Certainly, now this is a finding that we may or may not want to present back, but there was certainly a clear desire

to lengthen the current implementation guidelines, and obviously we said several times, the stage one focus of our provider CIOs, I think we said many times we heard over and over that they are clearly in the present and only the present.

Then the whole issue around developing standards for data exchange that can insure the data will be trusted, we talked about tagging, source of truth, that kind of theme. The collaboration, Aneesh mentioned earlier about hosting a software vendor conference to begin to develop synergies between vendors, and really to advance because right now we've got a competitive market, and they're not even talking to each other. This came up ... and has come up in this call – creation of clear, interoperability standards, and I like what we just had the conversation around how we might get there without pinning ourselves into a very small square.

We haven't talked at all about leveraging open source, and any of that kind of conversation that we had from one of our panelists. Then, finally, the innovation concept—you know, we really did talk about innovating to improve the speed of adoption. I mean, people had some really good ideas, and even as the panel was talking, you began to see sort of that movement of ideas of going, you know, we don't have to be stuck in the same paradigm we've always been in. There may be other ways to approach this to get to the same place. Those were the quick and dirty kind of synopsis of many, many pages of notes, and I'm open to add to, change, whatever the committee feels like best reflects what we talked about.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

This is Claudia from Markle. I think that, you know, I got to listen to part of this, not all of it. This seems like a great summary. The way Aneesh opened by saying let's pick, you know what are the achievable two or three things we can really work on seems like the right way to go from an investment standpoint, from a sort of, where do we put our life energy in this? And I would just reiterate what David McCallie and I think others said, which is that folks are really desperate for more clarity around what's going to be sufficient. What's going to work? Is my data okay? Am I using the standard right? And that's not just at the standards level. It's also at the provider level. I think that's an area that actually several of these threads relate to.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I agree.

Claudia Williams – Markle Foundation – Director Health Policy & Public Affairs

And that would also then directly inform the kind of resource infrastructure you might want to develop where the ... links directly to a resource.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes. I thought those. I think you're absolutely right. I think clarity for what is needed, that's a terrific theme. And I thought all the conversation around harmonizing the resources, appropriately cataloging and making it available, and then even the FAQ, the sort of that somewhere along that continuum where we give, there's always that fear of people sharing ideas that really won't get you to where you need to be versus, I think, the continuum that Aneesh was describing where we're very unlikely to get absolute coming out of the ONC saying do this and only this because there are probably going to be many answers to the same questions, all of which may be acceptable. Those are two great themes. Others?

W

If I could reflect back what I think I've just heard from both speakers is possibly collapsing some of these into less than ten.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That's fine.

W

If in fact Aneesh is looking for the top three that we could take action on. And so I think probably the most obvious collapse is to look at federal resources, and that could be the dissemination of knowledge. That could be guidelines, and that could also be open source tools that are available because certainly that would pull in the FHA Connect as well. So we may want to consolidate everything that the federal government is going to be able to provide to this conversation, and drop those down to one instead of three.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Okay. So that would be one, two, and whatever it was, ten, I think.

W

Nine, yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Nine, okay, and the other thing though is that I want to capture also not just federal resources, but also we have a number of private resources shared with us, so I think we could add just one more bullet under that to also capture and catalog those. Does that work for you?

W

Excellent. Perfect.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Okay, so there's one. I think the clarity issue is absolutely clear that people are really want to know what they need to do, and I'd like to see us not, I mean, I think somehow there has to be that balance created between what do you need to do today without completely losing sight of the future because I am worried that people are going to simply try to put in what we tell them and lose sight that if they're not thinking about the next step, they're unprepared. How does everybody else feel about that?

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

Yes, and I don't want my previous comments ... to the opposite. What I'm thinking is that, you know, the great thing about requirements is that they command attention. To talk about the 2011 requirements and the 2013 requirements will get a reasonable amount of response. To talk about the 2011 requirements and all of the great things you might do outside of compliance, I think is beneficial, but it's probably not on the top of mind of most of the people that are looking for guidance right now.

Linda Fischetti – VHA – Chief Health Informatics Officer

This is Linda again. Maybe we can take number ten, our innovation item, and tuck in both of those concepts, so innovate to do today's goals faster and to do our future smarter or something like that.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

No objection here.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I'm writing, Linda. What I hear there is kind of two, and we talked about trying to maybe get to three.

Linda Fischetti – VHA – Chief Health Informatics Officer

Let's ask Jamie if he thinks this six and eight could be combined, and is there another one such as number one that could be combined with that also?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I'm sorry. I didn't catch the question.

Linda Fischetti – VHA – Chief Health Informatics Officer

Jamie, this is Linda. Talking about slimming this down to exactly what we want to take action on, so I'm looking at number one, number six, and number eight. Are those ones that could be combined into nice, tidy, executable lists of actions?

W

What are you looking at?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes, this is looking at the slides that Judy sent out, I think.

Linda Fischetti – VHA – Chief Health Informatics Officer

Yes, slide number four.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes. No, I think, Linda, I think those are certainly the ones that jump out at me.

Linda Fischetti – VHA – Chief Health Informatics Officer

Then those also follow a theme that I've mentioned earlier in discussions with this committee related to that need for the national choreography. For example, when we do versioning of this, how are we going to communicate to all of our participants that there will be a need to revision and a sort of national change control board, is that an IT term, or a national governance structure? And we did hear in one of our previous face-to-face, days full of testimony, SureScripts talk about the 18-month process within which they communicate that there will be a change, and they actually implement that change. At this point in time, I don't think we have that choreography at the national level within this domain. But certainly that's something that we could naturally tuck in there or at least when we bundle these things, it begins to imply the need for a body to provide that national choreography of this.

Aneesh Chopra – White House – CTO

It's Aneesh again. I was on mute. We should probably start to wrap this conversation in preparation for a public hearing in respect to let everyone's time to end by 2:00, but I do think we should probably take one more pass at Liz's now soon to be revised document. And then kind of congeal around, there are essentially two slides, I mean, two categories of slides. The first one is basically this, which is summarizing what we heard, which could be a lot of what was in the original Liz document. Then there's the sort of recommendations to the committee as a whole as to what we should start looking into. In a sense, it's almost as if we've got two slides. I would welcome ... our ability to sort of synthesize the information with those lenses in mind that one is to accurately reflect what we learned, and then the second is the so-what for our peers. I think we've been doing that on this call, but if we could just keep that ... in mind, I think it would be productive.

Any another final sort of feedback comments to what Liz has used to set us up, or should we invite the public to the discussion? Hearing now other objectives, I just cut everybody off. I'm sorry for that. Operator, we'd welcome any public questions, if there are any.

Wes Rishel – Gartner, Inc. – Vice President & Distinguished Analyst

You might want to advise those calling in from a computer to mute their computer.

W

Good point.

Aneesh Chopra – White House – CTO

That recommendation has now been made and heard.

Operator

We do not have any public comment.

Aneesh Chopra – White House – CTO

Simple and easy. All right, folks. Do we have a clear path of action before our next hearing? Jamie Ferguson, as one of our lead dudes on the standards committee, on the vocab side, are you hearing anything that would be helpful for a response on the hearing that we haven't talked about yet?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I don't think so. I mean, I think we're hearing the same thing. What we don't have are specific solutions for how, and Linda was talking about the mechanism and organization for coordinating these things. I think we're hearing the same set of requirements through the vocabulary hearings, but we don't have the answer yet.

Aneesh Chopra – White House – CTO

Well ... need to get there. It's probably one of those recommendations we should talk about, but this is all terrific. Any other parting or final observations for others on the call who didn't have a chance to say much earlier? I don't know if we got around to everybody who participated. David?

W

I have a quick question. What were the top three that we ended up with, what numbers?

Aneesh Chopra – White House – CTO

Liz, you might have been taking notes on the fly. I don't know if you have it in front of you.

W

I thought it was a quick question.

Aneesh Chopra – White House – CTO

I think it might be best to do, as we synthesize the discussion, have that be circulated around to the group.

W

That's fine. Thanks.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Aneesh, I got cut off. I don't know if I missed any kind of assignment.

Aneesh Chopra – White House – CTO

No, the assignment was simply to get feedback to you so we can get one more round of your lovely document.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes. If you all would get me that stuff, then I will immediately turn back the slides.

Aneesh Chopra – White House – CTO

That's very helpful.

W

Thank you.

Aneesh Chopra – White House – CTO

Folks, this is a very useful conversation, and I look forward to seeing you all very soon, and thank you for the time on the call today.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Thank you.

W

Thanks. Bye.

Aneesh Chopra – White House – CTO

Take care, everybody.

Public Comments Received During the Meeting

1. Is the REC piece of ARRA involved with tapping this "starter Kit"?